U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 88-257 as amended Fallure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

F	or Official Use Only Rec d AUS 2271
E	CAS DEOP

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E Wis Book					
1 File Number U	2 Fiscal Year Covered From				
8513	[]/[]/04] Through [2/3]/04				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name RONNIE J Miller	Name IROWWORKERS LOCA! 44				
	Labor Organization File Number 223-6/3				
P O Box Bldg Room No if any	P O Box Building and Room Number if any				
Street 39'73 F1645 (+	Street 4850 MACUSORRY				
City HAMILTON	City Cincinnati				
State 0 10 ZIP Code +4 450/3	State 0.4 ZIP Code +4 45227				
5 Position in labor organization  Bus.1455 Manager					
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name if any)  7 a Nature of Interest, Transaction or Income					
Name					
Trade Name, if any					
P O Box Bidg Room No If any					
PO Box Bidg Room No Irany	7 b Amount.				
Street					
City					
State ZIP Code + 4					
Signature					
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)					
Signed Que g. m.lla	On 8-14-05 573 - 738 - 446 4 Telephone Number				

Name of Person Filing Rownie J. Miller	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from setting or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name TROWNORKERS DISTRICT COUNCY OF  SOUTHERN ONTO TYVICIUM, BENEFIT TOS  Trade Name if any  PO Box Bidg Room No if any Main Po Box 398  Street  City Daylow, Oh  State Ohio ZIP Code+4 45401-0378	b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name Same A SI ## 8  Trade Name if any  P O Box, Bldg. Room No if any	Mouthly Trustee's meets. Health, Pension and Bo	ung FOR unsuity Trusts		
Street				
	11 b Approximate dollar value of such dealing			
State ZIP Code + 4	FOR Members Pension And ANNUHY Benefits	) H-17/4h		
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.			
Name Segal Co	1-13-04 6-7-04	• 55		
PO Box Bidg Room No If any	7-12-04			
Street 101 N WACKER 812 Suites00	10-13-04			
Chy Chicago				
State ZIP Code + 4 60606-1734				
13 b Is the Business an Employer or Consultant 2 ?	14 b Amount of payment.	19020		